

Printed Name: ____

Rev. 11/2015

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

Title 30, Chapters 21 and 25, Idaho Code Filing fee: \$100 typed, \$120 not typed

2017 MAY 19 AM 10: 02

Complete and submit the application in duplicate.

SECRETARY OF STATE STATE OF IDAHO

		SINIE OF IDATIO
The name of the limite	d liability company is:	
Snake River Pharmac		
	·	"Limited Company," or the abbreviations L.L.C., LLC, or LC)
The complete street a	nd mailing addresses of the pri	ncinal office is:
102 Old Tom Dr., McC	•	morpai omoc io.
(Street Address)		
(Mailing Address, if different)		
The name of the regist	tered agent and street address	of the registered agent:
Brian Lunt	102 Old Tom Dr., McCammon, ID 83250	
(Name)	(Address cannot be a post office box or postal mail box)	
T		Part of Pat 94.
	s of at least one governor of the limited liability company:	
Brian Lunt (Name)	102 Old Tom Dr., McCammon, ID 83250	
(Ivame)	(Address)	
(Name)	(Address)	
(Name)	(Address)	
(Name)	(Address)	
Mailing address for fut	ure correspondence (annual re	eport notices):
102 Old Tom Dr., McC	Cammon, ID 83250	
(Address)		
1 1 1 1		
ature of organizer(s).		Secretary of State use only
ature:	L	
Laura A Perkovic		IDAHO SECRETARY OF STATE
ed Name: Laura A. Perkovic		05/19/2017 05:00 CK:1602 CT:339867 BH:1584895
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